

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                         | INITIALS | ID NO.     | DATE                 |
|----------------------------------|----------|------------|----------------------|
| <b>FEE DETERMINATION</b>         |          |            |                      |
| <b>O.I.P.E. CLASSIFIER</b>       |          |            |                      |
| <b>FORMALITY REVIEW</b>          | Request  | 15<br>995  | 12/30/01<br>01-30-01 |
| <b>RESPONSE FORMALITY REVIEW</b> | TV<br>SG | 876<br>077 | 05/21/02<br>9/27/01  |

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date     |
|----------|----------|
| Final    | 12/27/01 |
| Original |          |
| 1 ✓      |          |
| 2 ✓      |          |
| 3 ✓      |          |
| 4 ✓      |          |
| 5 ✓      |          |
| 6 ✓      |          |
| 7 ✓      |          |
| 8 ✓      |          |
| 9 ✓      |          |
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| 49 ✓     |          |
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| Claim    | Date |
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| Final    |      |
| Original |      |
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| Claim    | Date |
|----------|------|
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| 148 ✓    |      |
| 149 ✓    |      |
| 150 ✓    |      |

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)